## **Construction Contractor's Capability Statement**

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	NY NAME O.R. Communications Contractor								
ADDRESS									
P.O. Box 309									
CITY									
Santa Cruz									
STATE									
NM									
ZIP CODE									
87532									
PHONE 505-753-9866	FA:	X 5-753-3694							
EMAIL: orcomm@cybermesa.	com								
PRIMARY CONTACT Orlando Rodriguez	:								
	TION WORK (Check al .ist Primary Expertise	l that apply) _Telecommunications (All P	hases)						
Site Work  ☐ Structural ☐ Steel Fencing ☐ Carpet ☐ Roofing ☐ Clean Room		x□Exterior Utilities □ Masonry □ Building □ Fire Protection	☐ Paint☐ Mechanical (HVAC/Plumbing) x☐ Electrical☐ Nuclear Facility						
23 years	our organization been in a	he construction business und	ontractor? er its present business name?						
	nes has your organization s Contractor	operated?							
qualifications.	•		th firm, educational training and						
	ears – Central Office Co								
Reies Truillo – 3 yea	ears – Construction Supe	LAISOL							

List the categories of work that your organization normally performs with its company personal.
Telephone Construction, Underground & Overhead Installations.  Fiber Optic Terminations & Testing
CAT 5, Electrical
Copper splicing & Cutovers
Copper spricing & Cutovers
List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal
On-going contract with QWEST Federal Services – in Los Alamos
List array Totals De Communication
List your Trade References  QWEST Federal Services – Mike Middleton – (505) 667-9340
· /
Valor Telecom – Gil Martinez – (505) 753-5300  MFG Services – Kareem Edwards – (505) 471-4548
MFG Services – Kareem Edwards – (303) 4/1-4348
List your Surety company or your banking affiliates.
Valley National Bank
Turiof Turiofial Built
What is your organization's current bonding rate?
Singlex Aggregate
Has your firm entered into a contract that had to be completed by your surety within the past five years?
Yes □ No □x
List your Contractor's New Mexico license classification(s):
16440, GF08, GF09, ES06, ES07, MM98, GA02, GB98, GS08
Sofoto Historia
Safety History:
List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the
previous three year period.
2002
200196
200089
Rate Type: Interstate, In-State, Monopolistic
In according to Committee
Insurance Carrier:
Insurance Exchange
What is your firm's North American Industrial Classification System (NAICS) code?
Unknown

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.									
■ Woman owned	x□ Small Business	☐ Small Dis	advantaged	<b>□</b> 8(a)	☐ Large	Veteran			
Disabled Veteran	☐ HUBZone								
Present number of employ	yees								
x <b>□</b> 1-20 <b>□</b> 21-40	<b>4</b> 1- 60	$\Box 61 - 100$	☐ Over 1	100					